

The Healthcare Emergency Preparedness Newsletter



Special Interest Articles:

- What's New in the HPP
- Best Practices
- Outstanding Emergency Preparedness Partner Award

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What's New in the Hospital Preparedness Program (HPP)

In the September newsletter, we described the first four HPP capabilities including Healthcare System Preparedness, Healthcare Recovery, Emergency Operations Coordination, and Fatality Management. This issue will guide you through the other four capabilities of Information Sharing, Medical Surge, Responder Safety and Health and Volunteer Management.

We will describe each capability, capture its performance measure and share how we will meet the capability.

Capability 6: Information Sharing. This capability is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and

medical significance. The performance measure that will be used to capture progress toward building this capability is: **Percent of Healthcare Coalitions (HCCs) that can continuously monitor Essential Elements of Information (EELs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture.**

We will accomplish this capability through the continued development and sustainment of the current information sharing tools managed by the SD Department of Health including SD HAN, HAvBED, HICs Module, EMTrack, SERV SD and the statewide Digital Radio System.

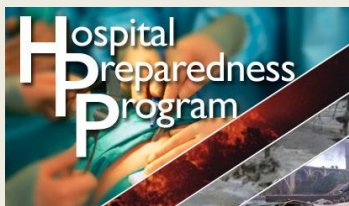
Capability 10: Medical Surge. This is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of Healthcare Organizations (HCOs) to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

The performance measure that will be used to capture progress toward building this capability is: **Percent of HCCs that have a coordinated mechanism established that supports their members' ability both to deliver appropriate levels of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster related patients, and disaster-specific patients), as well as to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster.**

We will accomplish this capability by continuing our work supporting regional and inter-regional partnerships. We shall continue to support coalitions through planning, training, exercises and corrective actions.

Capability 14: Responder Safety and Health. This capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to

(Continued next page)



What's New in the HPP (continued from page 1)

ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

The performance measure which will be used to capture progress toward building this capability is:

Percent of HCCs that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees).

We will accomplish this capability by assessing PPE and pharmaceutical needs of partnering HCOs. Drills and exercises shall be conducted to evaluate protocols currently in place as well as to evaluate current

inventories of PPE and pharmaceuticals.

Capability 15: Volunteer Management.

This capability focuses on the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with medical preparedness and response to incidents and events.

The performance measure which will be used to capture progress toward building this capability is: **Percent of HCCs that have plans, processes, and procedures in place to manage volunteers supporting a public health or medical incident.**

We will accomplish this capability through the development of partnerships, by assessing situations which necessitate the need for the use of volunteers in healthcare organizations during response and participate in the planning that would provide this as an option when needed.

Through SERV SD, we will identify the type and quantity of volunteers most likely needed to support healthcare response based on the risk assessments, HVA, resource assessments and other data that may provide clarity into anticipated needs.

Prior to an incident or event, we shall participate with training initiatives for registered volunteers that may be used in healthcare organizations during a response.



Information Sharing

The SD HPP has invested a significant amount of funds towards the development and enhancement of a suite of information sharing tools to ensure a rapid and coordinated response to an event. The Health Alert Network (HAN), HAVBED, HICs Module and EMTrack systems are made available to Healthcare Organizations (HCO) and Healthcare Coalitions (HCC) to establish situational awareness and to effectively manage a response. Please consider enhancement of your command center to include a laptop computer and computer monitor to utilize these tools during an event. You may use the HCO HPP base grant award in order to purchase these items.

Best Practices

The Good Samaritan Society, like so many other providers, has seen an increased need to provide not only health care services, but non-medical home care services as well, to a growing population of clients who have the desire, and ability, to live independently, but still require varied degrees of assistance in order to do so. This assistance can range from a few hours per day, to 24 hours/day, seven days/week. In many cases, when the care provider has left, the client is on their own, with no one else living in the home. Often times the client's closest family may live a good distance away. This can leave the client alone, vulnerable, and unprepared in emergency situations. In cases such as this, we try to impress upon our clients, the need for them to know what to do to protect themselves in the event of an emergency or disaster, and to have a plan in place that enables them to provide for their basic needs until help arrives. Through Region III grant dollars, the booklet, "Emergency Preparedness: Taking Responsibility for your Safety/Tips for People with Activity Limitations and Disabilities", has been made available for our "At Risk" communities. The booklet is an excellent tool that is easy-to-understand and can be used by our "At Risk" clients to form their own, individual emergency/disaster plan for their home. We at The Good Samaritan Society have made the decision to provide a copy of the booklet to each of our Home Health/Home Care clients, as well as our Senior Living residents who request it. It has been made possible for us to do this, at no cost to our clients, due to grant dollars being made available to the Region III HPP, and the State of South Dakota Department of Health. The booklets have been extremely well received. Initially we ordered 200 copies of the booklets, and within a few short weeks, found the need to order an additional 400 copies. Thank you to our partners in the Region III HPP, and the State of South Dakota Department of Health, for making these booklets available to our At Risk population here in South Dakota.

*Jeff Herreid, Risk Management Consultant
The Good Samaritan Society National Campus*

Special Note

Thank you for all of the success stories and best practices!



The 2013 Statewide HPP Exercise is tentatively scheduled to take place during severe weather week, April 24, 2013. We ask for representation from each of the four Regional Coalitions on the Exercise Planning Committee. Please contact your Regional Coordinator if you are interested in participating on this committee.

Best Practices (continued)

St. Michael's is a 25-bed critical access hospital with an attached clinic and nursing facility. The main patient area is on the second floor and the emergency department is on the ground floor. For 12 to 14 hours per day and all day on the weekends and holidays the medical care of existing patients and the emergency department is dependent on 3 or 4 members of the nursing staff. All staff members are located on the second floor and there are no ancillary personnel on the first floor. Even during the day when the facility is fully staffed there are gaps related to communication. If a nurse is in a patient room, the overhead paging system cannot be heard. Nor can calls for assistance from the nurse in the room be heard by other staff.

The need to have redundant communications was identified with the first disaster drills. Two-way walkie-talkie radios were purchased to meet part of that need. It was also identified that staff needed to use those radios on a regular basis so they would be familiar with how to operate the radios. The second benefit to using them on a regular basis is knowing that batteries are fully charged so the radio is functional during an actual disaster.

This product and decision to use the radios was validated when the overhead paging system failed. The low number of staff members in each department resulted in being unable to notify them by telephone as they were working with a patient or were out of the primary work area and unaware of the incoming phone call. After doing a primary needs assessment the two-way radios were relocated to departments that routinely did not use them on a daily basis, but did need them in this scenario. The radios worked well to contact personnel and facilitated maintaining normal operating routines throughout the hospital and clinic.

The radios were also put into use when the x-ray equipment was replaced and the radiology department was providing services in a remote section of the hospital and not immediately available by phone. During this incident the overhead paging system was functioning. The radiology staff would have been pulled away from the patient they were working with in order to respond to the page. By utilizing the radios they were able to verbalize that the summons had been received and relay back to the other department an estimated time frame when they would be available.

An emergency situation arose when an elderly, over weight patient was using a mechanical lift to move from the bed to a chair. The lift failed to function when the patient was "up in the air" being moved. The nurses were unable to safely leave the patient in order to summon assistance as the regular phone was not within reach and the room door was closed. The nurse was able to use her radio to summon assistance from the nursing department, but was also able to contact a member of the maintenance department for assistance with the malfunctioning lift. There was a positive outcome for this patient.

HPP funds were also used to purchase a mechanical ventilator for each hospital in the region and train personnel on how to use it. Prior to having this equipment, manual ventilation with an ambu bag was the only means to provide artificial respiration. The closest facility with a ventilator is 30 to 40 minutes away by ground ambulance or for a helicopter to arrive. The portable ventilator has been utilized in at least 3 instances. The availability of this piece of equipment resulted in a positive outcome for the patient as well as allowed medical staff to manage other tasks involved in the care and transfer of the patient.

*Sharon Hauck, RN Disaster Coordinator
St. Michael's Hospital Avera*

Best Practices (continued)

Avera Queen of Peace Hospital has been able to accomplish many things with the HPP grant funding we have received over the past years.

In the past year one of the most beneficial trainings funded by HPP funds was the Hospitals in Crisis conference. The information gathered from those facilities that incurred major damage, most specifically with a direct tornado hit, enabled us to improve our existing tornado plan and evacuation plan to include their lessons learned. A couple years ago a meeting featured staff from a facility that had to evacuate due to rising flood waters. At that point we were able to greatly improve our evacuation plan. With grant funding we were also able to purchase several evacuation “stair chairs” and mega movers. Previously carrying patients who were unable to handle steps was our only option. That one item in and of itself was a HUGE process improvement to our plan. We now routinely have nursing and support staff practice moving “mock patients” with the stair chair and other evacuation tools so they are ready whenever a situation might arise.

Redundant communication is another tool we have made significant improvements to with the use of grant funding. We have added several 2-way radios that are used by incident command and staff on the floors during an emergency operations situation. We also had a phone/pager outage one morning, and staff knew we had these radios and utilized them to communicate with lab, imaging, other nursing units, etc. What a great tool. We have also been able to obtain a GETS card, satellite phone, and update our ham radio antenna to the current standard with the grant funding. We routinely test the redundancy during exercises, and real situations as needed.

Security of our facility has been enhanced with grant funding support as well. With a combination of HPP funds and Critical Infrastructure funding, we were able to implement a one-touch lock down system. Most recently we were able to use grant “left-over” funding to assist in securing our ED since we are seeing an increase in potentially violent situations in the Emergency Department.

Infection Control and Decontamination were early beneficiaries to the HPP grant programs. While we had a single person decon shower, it would not be adequate for any larger type of situation. We were able to obtain a Decon tent and appropriate PPE. We developed a Decon team and continue to train on an annual basis with that team.

The Air Mates provided by SDDOH with HPP funds, isolation room PPE holders, hygiene stations, and portable and permanent negative air units have been a tremendous aid in providing quality care to patients while keeping staff safe. We had adequate ability to care for airborne patients during the H1N1 scare. We increased our negative air room’s capability from 3 in the past to 10 currently. If needed with 3 portable units, we can provide airborne isolation where the patient is, rather than having to move the patient. One unit can even fit in an ambulance around the patient’s gurney to protect ambulance staff if the patient must be transported.

We appreciate the grant funding program and make every attempt to utilize it in a manner to best increase our facility capabilities to care for patients during difficult times and to keep staff, visitors, and patients safe at all times.

*Vicki Lehrman
Compliance & Safety Executive
Avera Queen of Peace Hospital*

Partnership & At-Risk Population Projects

Activities in all Regions are ramping up to accomplish Partnership and At-Risk Population objectives

Objective: Continue operational partnerships with enhancement of regional response plans

- EM Track Training was conducted in October; the information will be incorporated into the regional plans as appropriate
- Regional plans will also reveal changes as we learn more about forming healthcare coalitions, the HPP capabilities, and review of performance standards

Objective: Support and Participate in Inter-Regional Planning

- HPP statewide Leadership met in Chamberlain in November
- The November Children's Conference in Sioux Falls allowed for regional and inter-regional education, networking and planning opportunities

Objective: Continue to identify at-risk populations and agencies that serve them

- Planning partners are being asked to review their county agencies and organizations as listed in the regional plan (found in the at-risk section) and submit any additions, deletions, or other changes by February 1st to Jan Clites

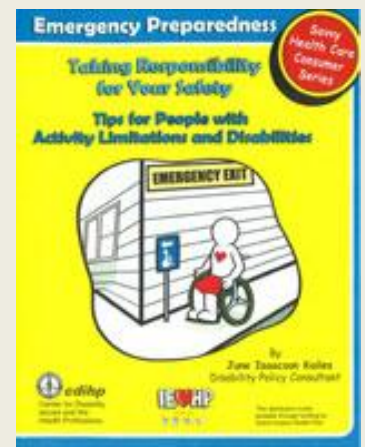
Support the Emergency Preparedness efforts of Community Based Organizations (CBO) who serve at-risk populations

- Components of a tool kit have been finalized and will be available for distribution in January 2013.
- Planning partners will have ongoing discussion at the regional meetings related to local activities

In December, Chris Qualm was instrumental in organizing a joint meeting with Bill Chalcraft, Administrator & Rick LaBrie Assistant Administrator from Office of Public Health Preparedness & Response; Tina

Titze Assistant Director Office of Emergency Management; and Cari Leidholt State VOAD Coordinator. There was a presentation of the HPP at-risk population work that has taken place over the past years, the HPP focus on assisting agencies in meeting the medical needs of individuals during an emergency event, and a discussion on collaboration at the local level for emergency planning. The HPP tool kit was reviewed with overall support for the HPP Project.

*Jan Clites
Partnership Project Coordinator*



Volunteer Management Update

In May the US Department of Health and Human Services (DHHS) offered South Dakota and several neighboring states the opportunity to create a Disaster Medical Assistance Team (DMAT). A DMAT is rapid-response resource that supplements local medical care as part of a Federal response to a large scale public health emergency. Members of a DMAT are recruited from professional and para-professional medical personnel and are employed and compensated as temporary Federal Employees when deployed to a disaster response. DMAT members are provided advanced disaster response training for national and international events such as the Presidential Inauguration in 2009, the Haiti Earthquake in 2010, Superstorm Sandy in 2012.

SDDOH convened a committee of healthcare systems, healthcare professional organizations, and state government agencies to begin the process for developing a DMAT. After several meetings, the DMAT Development Group has identified key stakeholders, and established a development timeline and recruitment goals. Recruiting for DMAT members will begin this summer with outreach to healthcare professionals including those registered with SERV SD.

To learn more about SERV SD, inquire about using the SERV SD online registry with your disaster preparedness group, or to register as a volunteer healthcare professional, go to <http://serv.sd.gov>.

Andy Klitzke
SERV SD/MRC Coordinator

Let our advance
worrying become
advance thinking
and planning.

Winston Churchill

EMTrack

The EMTrack system was recently used in a real life “evacuation” situation for moving patients from Select Specialty Hospital to their new location on the Sanford campus. The EMTrack system was utilized in cooperation with Rural Metro Ambulance Service in Sioux Falls and Select Specialty Hospital. A total of 9 patients were transported and tracked during this event. Please look for more details of this exciting test of the system in the near future.

Pat VanHunnik
EMTrack Coordinator

South Dakota HPP Outstanding Emergency Preparedness Partner Award

This award is given to an individual or organization(s) that have shown outstanding performance or lessons learned in the pursuit of emergency preparedness for their facility, community, region or the state of South Dakota. This award is granted only to South Dakota individuals or organizations for events or projects in the previous calendar year.

Nominees for this award will be asked to prepare a simple poster description of their event or project for presentation at the South Dakota HPP Inter-Regional Meeting. Award winners will be asked to present their event or project at the South Dakota HPP Inter-Regional Meeting (15 minute presentation).

The same event or project may only be entered once. **Nominations must be submitted to the Region Chair by January 31st. Each region may submit a total of three nominations to their Regional Coordinator by March 30th. Nominations may be in any of the following three categories:**

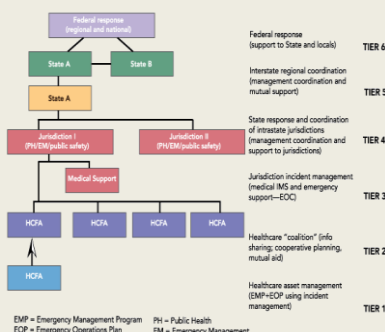
Planning: an individual or organization(s) that has effectively developed or enhanced preparedness planning for their facility, community, region or the state of South Dakota.

Response: an individual or organization(s) that has demonstrated excellence in response or recovery efforts during a real-world event or exercise AND/OR an individual or organization(s) that has identified lessons learned in response or recovery during a real-world event or exercise.

Partnership: an individual or organization(s) that has established or enhanced relationships with community partners to further preparedness efforts of the facility, community, region or the state of South Dakota.

Award winners will be selected by the HPP Leadership Advisory Committee which includes the Region Chairs/Executive Committee Leaders and Regional Coordinators.

Carrie Donovan
Region 1 Co-Chair
HPP Leadership Committee



Health Care Coalitions (HCC)

Through the Partnership Project, the HPP program will develop independent, self-sustaining, Health Care Coalitions (HCC). The objective is to assist HCC's to plan, respond, exercise and mitigate as a coalition.

South Dakota Department of Health

You have received this newsletter because you are listed as a partner within Healthcare Preparedness. Please feel free to share this newsletter with other emergency preparedness partners.

If you have any questions regarding any of the information in this newsletter, please contact your Regional Coordinator or the central office in Pierre:

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Assistant Administrator,
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Administrator,
Bill Chalcraft –
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We're on the Web!

See us at:

<http://doh.sd.gov/Prepare/Hospital.aspx>

Did you hear?

The next HPP Inter-Regional meeting is scheduled on June 5th and 6th. The meeting will be held at the Cedar Shore in Chamberlain. This is a great opportunity for Regional Planning Partners across the state to meet and share ideas. This meeting is designed to provide emergency planning information to those partners in the healthcare setting.

Attendance to this meeting may be paid in full by using your HPP Base Grant Award.

A block of rooms is available at the Cedar Shore at a conference rate of \$99.95 plus tax. Participants should make their own reservations by calling 605-734-6376 and state they are with the SD Department of Health event. The block of rooms will only be held until May 5, 2013.

Share Your Stories and Best Practices!

Please consider sharing your own successes within emergency preparedness. Using the newsletter, we want to spotlight your achievements. The newsletter is an avenue that will provide you an opportunity to share your lessons learned and success stories. Share your stories with others by submitting an article to your Regional Coordinator. We will review all articles submitted and work with you to include it in our newsletter.

Upcoming Events

All events are now located on the Health Alert Network Calendar at <https://home.sdhan.sd.gov/DocumentCenter/Lists/Calendar/calendar.aspx>

If you would like to add information about meetings, deadlines or other events to the calendar, please contact your Regional Coordinator.

- Regional Healthcare Coalition Mid-Year Report. There is no Mid-Year Report for Healthcare Organizations.
- Hospital Hazard Vulnerability Analysis (HVA) due to Regional Coordinators no later than February 28, 2013.
- HPP Exercise – April 2013 during Severe Weather Week
- HPP Inter-Regional Meeting and Exercise AAR-IP – June 5 and 6, 2013 in Chamberlain